STUDY ID:										
Date:		_/			_/				_	
D	D	М	М	М	Y	Y	Y	Y		
Staff Adm	inis	tere	d: _							

## **ADULT** Symptoms Questionnaire

City: \_\_\_\_\_\_
Clinic:

Interviewer instructions: If this is the enrollment visit, say "In the past 2 weeks" instead of "Since your last study visit".

1. Since your last study visit, have you had any of the following symptoms?

Fever	$\Box_1$ Yes	$\square_0$ No	$\square_{77}$ Don't know	$\Box_{88}$ Refused
Rash	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
Red eyes lasting more than 2 hours	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
Joint pain or swelling	$\Box_1$ Yes	$\square_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused

## If the respondent answered YES to any of the symptoms above, go to question #2.

## If not, go to question #7.

**2.** Since your last study visit, did you seek medical care for any or all of these symptoms at a health facility other than [*study health facility name*]?

 $\Box_1$  Yes $\rightarrow$  Go to question #2a $\Box_0$  No $\rightarrow$  Go to question #3 $\Box_{77}$  Don't know  $\rightarrow$  Go to question #3 $\Box_{88}$  Refused $\rightarrow$  Go to question #3

<b>2a.</b> When did you seek care?	
	$I \qquad I \qquad \Box_{77}$ Don't know
	$\overline{D}$ $\overline{D}$ $\overline{M}$ $\overline{M}$ $\overline{M}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\Box_{88}$ Refused
<b>2b.</b> Where did you seek care?	
	Facility name:
	Facility location:
<b>2c.</b> When you sought care for these	
symptoms, did a medical provider tell	
you that you might have any of the	
following?	
Zika virus	

Appendix F2 – version 19/MAY/2017

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CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

STUDY ID: \_\_\_\_\_-\_-

Dengue	□₁ Yes	□₀ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused	
Chikungunya	□₁ Yes	□₀ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused	
Mayaro	$\Box_1$ Yes	□₀ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused	
Yellow Fever	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused	
Cytomegalovirus	$\Box_1$ Yes	$\Box_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused	
Rubella	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused	
Toxoplasmosis	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused	
Syphilis	$\Box_1$ Yes	□₀ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused	
Chicken Pox	$\Box_1$ Yes	$\Box_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused	
Parvovirus	$\Box_1$ Yes	$\square_0$ No	$\square_{77}$ Don't know	$\square_{88}$ Refused	
Herpes	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused	
Other	$\square_1$ Yes: specify:				
	$\square_0$ No $\square_{77}$ Don't know $\square_{88}$ Refused				

**3.** If participant said "Yes" to <u>fever</u> in question #1:

<b>3a.</b> When you had a fever, what was the highest temperature you had?	degrees Celsius
	$\square_{77}$ Don't know $\square_{88}$ Refused
<b>3b.</b> When did the fever start?	
	I I 🛛 🖓 🖓 I
	$\overline{D}$ $\overline{D}$ $\overline{M}$ $\overline{M}$ $\overline{M}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{D}_{88}$ Refused
<b>3c.</b> How many days did it last?	
	days $\Box_{66}$ Still ongoing
	□_ <sub>77</sub> Don't know □ <sub>88</sub> Refused

## **4.** If participant said "Yes" to <u>rash</u> in question #1:

4a. When you had the rash, was it itch?? <sup>1</sup> 1 Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          4b. Was the rash bump? <sup>1</sup> 1 Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          4c. On what part of your body did you see the rash first? <sup>1</sup> 1 Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          Face <sup>1</sup> 1 Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          Neck <sup>1</sup> 1 Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          Chest <sup>1</sup> 1 Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          Arms <sup>1</sup> Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          Hands <sup>1</sup> Yes <sup>N</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          Hands <sup>1</sup> Yes <sup>0</sup> N0 <sup>77</sup> Don't know <sup>88</sup> Refused          Hands </th <th></th> <th></th> <th></th> <th></th> <th></th>					
4c. On what part of your body did you see the rash first?Image: section of the secting the section of the sectio	<b>4a.</b> When you had the rash, was it itchy?	$\Box_1$ Yes	$\square_0$ No	$\square_{77}$ Don't know	$\square_{88}$ Refused
rash first?Face $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedNeck $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedChest $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedStomach $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedArms $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedBack $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedLegs $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedButtocks/genital area $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedFace $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedNeck $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedStomach $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedGas $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedLegs $0_1$ No $0_{77}$ Don't know $g_{88}$ RefusedFace $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedNeck $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedStomach $1_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedArms $0_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedArms $0_1$ Yes $0_0$ No $7_{77}$ Don't know $g_{88}$ RefusedArms <td< td=""><td><b>4b.</b> Was the rash bumpy?</td><td><math>\Box_1</math> Yes</td><td><math>\square_0</math> No</td><td><math>\Box_{77}</math> Don't know</td><td><math>\square_{88}</math> Refused</td></td<>	<b>4b.</b> Was the rash bumpy?	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused
Face       □1 Yes       □0 No       □77 Don't know       □88 Refused         Neck       □1 Yes       □0 No       □77 Don't know       □88 Refused         Chest       □1 Yes       □0 No       □77 Don't know       □88 Refused         Stomach       □1 Yes       □0 No       □77 Don't know       □88 Refused         Arms       □1 Yes       □0 No       □77 Don't know       □88 Refused         Hands       □1 Yes       □0 No       □77 Don't know       □88 Refused         Back       □1 Yes       □0 No       □77 Don't know       □88 Refused         Legs       □1 Yes       □0 No       □77 Don't know       □88 Refused         Buttocks/genital area       □1 Yes       □0 No       □77 Don't know       □88 Refused         Spread?       □1 Yes       □0 No       □77 Don't know       □88 Refused         Meck       □1 Yes       □0 No       □77 Don't know       □88 Refused         Buttocks/genital area       □1 Yes       □0 No       □77 Don't know       □88 Refused         Neck       □1 Yes       □0 No       □77 Don't know       □88 Refused         Neck       □1 Yes       □0 No       □77 Don't know       □88 Refused         Chest       □1 Yes	<b>4c.</b> On what part of your body did you see the				
Neck $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedChest $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedStomach $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedArms $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedHands $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedBack $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedLegs $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedButtocks/genital area $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedGu No $\Box_{77}$ Don't know $\Box_{88}$ Refused $\Box_{11}$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedButtocks/genital area $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedGu No $\Box_{77}$ Don't know $\Box_{88}$ Refused $\Box_{11}$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedHack $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused $\Box_{11}$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedNeck $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedStomach $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused $\Box_{88}$ Refused $\Box_{88}$ RefusedArms $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused $\Box_$	rash first?				
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Back $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedLegs $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedFeet $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedButtocks/genital area $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused4d. To which parts of the body did the rash spread? $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedFace $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedNeck $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedChest $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedStomach $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedArms $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedHands $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused	Arms	$\Box_1$ Yes	□₀ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
LegsImage: Construction of the set of the	Hands	$\Box_1$ Yes	$\square_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused
Feet $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedButtocks/genital area $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused4d. To which parts of the body did the rash spread? $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedFace $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedNeck $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedChest $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedStomach $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedArms $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedHands $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused	Back	$\Box_1$ Yes	$\square_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused
Buttocks/genital areaI I YesI O NoI T T Don't knowI I B B Refused4d. To which parts of the body did the rash spread?I I YesI O NoI T T Don't knowI I B B RefusedFaceI I YesI O NoI T T Don't knowI B B RefusedNeckI I YesI O NoI T T Don't knowI B B B RefusedChestI I YesI O NoI T T Don't knowI B<	Legs	□₁ Yes	□₀ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
<b>4d.</b> To which parts of the body did the rash spread? $=$ Face $=_1$ Yes $=_0$ No $=_{77}$ Don't know $=_{88}$ RefusedNeck $=_1$ Yes $=_0$ No $=_{77}$ Don't know $=_{88}$ RefusedChest $=_1$ Yes $=_0$ No $=_{77}$ Don't know $=_{88}$ RefusedStomach $=_1$ Yes $=_0$ No $=_{77}$ Don't know $=_{88}$ RefusedArms $=_1$ Yes $=_0$ No $=_{77}$ Don't know $=_{88}$ RefusedHands $=_1$ Yes $=_0$ No $=_{77}$ Don't know $=_{88}$ Refused	Feet	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused
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Chest $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedStomach $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedArms $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedHands $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused	Face	$\Box_1$ Yes	$\square_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
Stomach $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedArms $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedHands $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused	Neck	□₁ Yes	□₀ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Arms $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ RefusedHands $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused	Chest	$\Box_1$ Yes	□₀ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
Hands $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused	Stomach	$\Box_1$ Yes	□₀ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
	Arms	□₁ Yes	□₀ No	□ <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Back $\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused	Hands	□₁ Yes	□₀ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
	Back	$\Box_1$ Yes	□₀ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused

STUDY ID: \_\_\_\_\_-\_\_-

Legs	$\Box_1$ Yes	$\square_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused
Feet	$\Box_1$ Yes	□₀ No	$\square_{77}$ Don't know	$\square_{88}$ Refused
Buttocks/genital area	$\Box_1$ Yes	□₀ No	□ <sub>77</sub> Don't know	$\square_{88}$ Refused

/// □ <sub>77</sub> Don't know
D D M M M Y Y Y Y □ <sub>88</sub> Refused
days □66Still ongoing
$\Box_{77}$ Don't know $\Box_{88}$ Refused

**5.** If participant said "Yes" to <u>red eyes</u> in question #1:

<b>5a.</b> When you had red eyes, were your eyes itchy?	$\square_1$ Yes $\square_0$ No $\square_{77}$ Don't know $\square_{88}$ Refused
<b>5b.</b> Were both of your eyes red or just one?	$\square_2$ Both $\square_1$ Only one $\square_{77}$ Don't know $\square_{88}$ Refused
<b>5c.</b> Was there any discharge? (Fluid or pus coming from your eye)	$\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused
<b>5d.</b> When did you first notice your eyes were red?	$ \begin{array}{c c} - & - & - \\ \hline D & D & M & M & M & Y & Y & Y & T \\ \hline \end{array} \begin{array}{c} \Box_{77} & Don't & know \\ \Box_{88} & Refused \\ \hline \end{array} $
<b>5e.</b> How many days did it last?	days □ <sub>66</sub> Still ongoing □ <sub>77</sub> Don't know □ <sub>88</sub> Refused

6. If participant said "Yes" to joint swelling or pain in question #1:

<b>6a.</b> When your joints were swollen or painful, which joints were affected?	
Neck	$\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused
Shoulders	$\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused
Back	$\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused
Hips	$\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused
Knees	$\square_1$ Yes $\square_0$ No $\square_{77}$ Don't know $\square_{88}$ Refused
Ankles	$\square_1$ Yes $\square_0$ No $\square_{77}$ Don't know $\square_{88}$ Refused
Toes	$\Box_1$ Yes $\Box_0$ No $\Box_{77}$ Don't know $\Box_{88}$ Refused
Elbows	$\square_1$ Yes $\square_0$ No $\square_{77}$ Don't know $\square_{88}$ Refused
Wrists	$\square_1$ Yes $\square_0$ No $\square_{77}$ Don't know $\square_{88}$ Refused
Fingers	$\square_1$ Yes $\square_0$ No $\square_{77}$ Don't know $\square_{88}$ Refused
<b>6b.</b> When did you first notice your joints being	
swollen or painful?	/ / □ <sub>77</sub> Don't know
	D D M M M Y Y Y Y D <sub>88</sub> Refused
<b>6c.</b> How many days did it last?	
	$\_$ days $\square_{66}$ Still ongoing
	$\Box_{77}$ Don't know $\Box_{88}$ Refused

7. Since your last study visit, did you have any of the following symptoms:

	I		
Nausea	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused
Vomiting	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused
Diarrhea	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	$\square_{88}$ Refused
Coughing	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	$\square_{88}$ Refused
Sneezing	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Runny nose	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Sore throat	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused
Swollen lymph nodes	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused
Dizziness or fainting	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused
Numbness or tingling in your hands or feet	$\Box_1$ Yes $\Box_0$ No	□ <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Ringing in your ears	$\Box_1$ Yes $\Box_0$ No	□ <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Tiredness or fatigue	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	□ <sub>88</sub> Refused
Muscle weakness (lack of muscle strength)	$\Box_1$ Yes $\Box_0$ No	□ <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Muscle aches (muscle pains)	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
Headache	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
Back pain	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Abdominal pain	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Eye pain (e.g., burning, sharp, dull, gritty,	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
throbbing, or aching of the eyes)			
Sensitivity to light	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
Pain behind the eyes (e.g., pressure behind	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	□ <sub>88</sub> Refused
the eyes)			
Itchy skin without a rash	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Skin redness without a rash	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	$\square_{88}$ Refused
Chest pain	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	$\square_{88}$ Refused
Shortness of breath	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused
Blood in your urine	$\Box_1$ Yes $\Box_0$ No	$\square_{77}$ Don't know	$\square_{88}$ Refused
Nosebleeds	$\Box_1$ Yes $\Box_0$ No	□ <sub>77</sub> Don't know	□ <sub>88</sub> Refused
Black, tarry stools	$\Box_1$ Yes $\Box_0$ No	$\Box_{77}$ Don't know	$\square_{88}$ Refused
Constipation	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
[Women only:] Vaginal bleeding	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
	$\square_{66}$ Not applicabl	e	
[Women only:] Vaginal discharge	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
	$\square_{66}$ Not applicabl	e	
[Men only:] Blood in your semen	$\Box_1$ Yes $\Box_0$ No	D <sub>77</sub> Don't know	□ <sub>88</sub> Refused
	$\square_{66}$ Not applicabl	e	

8. Since your last study visit, have you had any other unusual symptoms you would like to tell me about?

 $\Box_{1} \text{ Yes } \rightarrow \text{ What symptoms?}$  $\Box_{0} \text{ No}$  $\Box_{77} \text{ Don't know}$  $\Box_{88} \text{ Refused}$ 

9. Since your last study visit, have you enrolled in another Zika Virus study?

 $\Box_{1} \text{ Yes } \rightarrow \text{ Which study?}$  $\Box_{0} \text{ No}$  $\Box_{77} \text{ Don't know}$ 

STUDY ID: \_\_\_\_\_\_

 $\square_{88}$  Refused

Thank you for completing this questionnaire. Please let me know if you have any questions.